

FETAL ALCOHOL SYNDROME

(382)

PARTICIPANT TYPE..... INFANTS, CHILDREN
HIGH RISK.....YES

RISK DESCRIPTION:

Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.

Presence of FAS diagnosed by a physician as self reported by applicant, participant, or caregiver; or as reported or documented by a physician or someone working under physician's orders.

Note: Lower levels of alcohol use may result in Fetal Alcohol Effects (FAE) than can include mental deficit, behavioral problems, and milder abnormal physiological manifestations. FAE is generally less severe than FAS and not considered a risk.

ASK ABOUT:

- Attitude and knowledge about condition and treatment plans including diet and medications
- Barriers to following treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health care)
- Growth history and weight goal
- Appetite
- Feeding difficulties including ability to suck (for infants)
- Presence of other medical conditions and related treatment plans and medications
- Food-medication interactions
- Supplements including vitamins, minerals, herbal products and targeted nutrition therapy products

NUTRITION COUNSELING/EDUCATION TOPICS:

- FAS is a combination of permanent, irreversible birth defects attributable solely to alcohol consumption by the mother during pregnancy. There is no known cure; it can only be prevented. FAS is one of the major causes of mental retardation.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Infants and children with FAS often grow steadily but slower than their peers and tend to be short in stature.
- Infants with FAS are often irritable and have difficulty feeding and sleeping.
- Determine and discuss an eating pattern appropriate for the participant's weight goal (i.e., maintain, gain or lose weight).
- Encourage age-appropriate serving sizes.
- Review calorie-dense foods and other strategies to increase calorie intake if weight maintenance is a problem.
- A substantial number of children with FAS are in the care of adults other than their parents or in foster care. Educate new caregivers about the special and continuing nutritional needs of the child.
- Review and provide WIC-approved medical foods or formulas as prescribed by the primary care provider.

POSSIBLE REFERRALS:

- Refer infants and children to the Right Track Program for early intervention services (<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>).
- If the participant has significant feeding difficulties, refer to a feeding clinic.
- Refer recovering mothers to medical and social services as needed for additional support in caring for a new baby.
- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the child is not receiving well child care or keeping appointments, refer the child (if on medical assistance) to Health Tracks (<http://www.nd.gov/dhs/services/medicalserv/health-tracks/>), the local public health department, or primary care providers in the community.